## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Officer
NAME OF COMMITTEE (in	(Check if name Example: If typying, type	Office use only  12FE4M5
Blogpac		
ADDRESS (number and	street)	
(Check if address X is changed)	Washington	DC 20036 -
	CITY▲	STATE▲ ZIP CODE ▲
(Check if address is changed)	IL ADDRESS (Please provide only one e-mail address)  christopher j bowers@yahoo.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	blogpac.com	
2. DATE 0 2	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00406405	
4. IS THIS STATEM	NEW (N) OR X AMENDED (A)	
I certify that I have exam  Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, correct an  Treasurer  Christopher Bowers	d complete
Signature of Treasurer	Electronically Filed by Christopher Bowers	Date 02 / 22 / 2011
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	·
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	